# Case 18-80550 Doc 1 Filed 03/15/18 Entered 03/15/18 15:00:35 Desc Main Document Page 1 of 46

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1:  | Identify Yourself  |   |   |
|-----|---|--|---|---|
|     |   |  | About Debtor 1:                                     | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You   | r full name  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's |  | Christine First name  Deanne                        | First name                                    |
|     | license or passport).   | Middle name  | Middle name   |   |
|     | iden  | g your picture<br>tification to your<br>ting with the trustee.                                     | Dougherty  Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |   | other names you have<br>d in the last 8 years  |   |   |
|     |   | ide your married or<br>den names.  |   |   |
| 3.  | you<br>num<br>Indi  | the last 4 digits of<br>Social Security<br>Seer or federal<br>Vidual Taxpayer<br>tification number | xxx-xx-5866   |   |
|     |   |  |   |   |

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Case number (if known)

Debtor 1 Christine Deanne Dougherty

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 3207 Buckingham Drive   | If Debtor 2 lives at a different address:  |
|    |  | Rockford, IL 61107  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Winnebago   | Name of Street, Stry, State & Zir State  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

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Case number (if known)

Debtor 1 Christine Deanne Dougherty

| ari                        | 2: Tell the Court About  | Your Bankı   | uptcy C   | ase   |  |   |  |  |  |
|----------------------------|--|--|---|---|--|---|--|--|--|
| <b>'</b> .                 | The chapter of the Bankruptcy Code you are   |  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |  |   |  |  |  |
|                            | choosing to file under   | ■ Chapt  | er 7  |   |  |   |  |  |  |
|                            |  | ☐ Chapte   | er 11   |   |  |   |  |  |  |
|                            |  | ☐ Chapte   |   |   |  |   |  |  |  |
|                            |  | ☐ Chapte   |   |   |  |   |  |  |  |
|                            |  |  |   |   |  |   |  |  |  |
| B. How you will pay the fo |  | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. |   |   |  |   |  |  |  |
|                            |  |  |   | ay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals</i> iee in Installments (Official Form 103A).   |  |   |  |  |  |
|                            |  | ☐ I red<br>but<br>app  | quest the   | nat my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge required to, waive your fee, and may do so only if your income is less than 150% of the official poverty ling our family size and you are unable to pay the fee in installments). If you choose this option, you must fil tion to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |  |   |  |  |  |
|                            |  |  |   |   |  |   |  |  |  |
| ).                         | Have you filed for bankruptcy within the   | ■ No.  |   |   |  |   |  |  |  |
|                            | last 8 years?  | ☐ Yes.   |   |   |  |   |  |  |  |
|                            |  |  | District  | When  | Case number  | _ |  |  |  |
|                            |  |  | District  | When  | Case number  |   |  |  |  |
|                            |  |  | District  | When  | Case number  |   |  |  |  |
| 0.                         | Are any bankruptcy   | ■ No   |   |   |  | _ |  |  |  |
|                            | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.   |   |   |  |   |  |  |  |
|                            |  |  | Debtor  |   | Relationship to you  |   |  |  |  |
|                            |  |  | District  | When  | Case number, if known  |   |  |  |  |
|                            |  |  | Debtor  |   | Relationship to you  |   |  |  |  |
|                            |  |  | District  | When  | Case number, if known  |   |  |  |  |
| 1.                         | Do you rent your   | ■ No.  | Go to   | line 12.  |  |   |  |  |  |
|                            | residence?   | ☐ Yes.   | Has v   | our landlord obtained an eviction judgment aga  | ainst you?   |   |  |  |  |
|                            |  | <b>—</b> 103.  |   | No. Go to line 12.  | •  |   |  |  |  |
|                            |  |  |   |   | on Judgment Against You (Form 101A) and file it as part of   |   |  |  |  |
|                            |  |  |   | this bankruptcy petition.   | s. July month is a first to the form to the month do part of |   |  |  |  |

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Case number (if known)

| Debtor 1 | Christine | Deanne | Dougherty | V |
|----------|-----------|--------|-----------|---|
|          |           |        |           |   |

Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

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Debtor 1 Christine Deanne Dougherty

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Filed 03/15/18 Entered 03/15/18 15:00:35 Case 18-80550 Doc 1 Desc Main Document Page 6 of 46 Case number (if known) Debtor 1 Christine Deanne Dougherty Part 6: **Answer These Questions for Reporting Purposes** What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c State the type of debts you owe that are not consumer debts or business debts I am not filing under Chapter 7. Go to line 18. 17. Are you filing under □ No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for □ Yes distribution to unsecured creditors? 18. How many Creditors do **1,000-5,000 25.001-50.000 1-49** you estimate that you **5001-10,000 50,001-100,000 50-99** owe? **10,001-25,000** ☐ More than 100,000 **100-199 200-999** How much do you 19. □ \$1,000,001 - \$10 million □ \$500.000.001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million **\$50,001 - \$100,000** be worth? □ \$10,000,000,001 - \$50 billion □ \$50.000,001 - \$100 million **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100.000.001 - \$500 million ☐ \$500.001 - \$1 million 20. How much do you □ \$1.000.001 - \$10 million ☐ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy, case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,

Christine Deanne Dougherty
Signature of Debtor 1

Signature of Debtor 2

Executed on

3/15/2018

Executed on

MM / DD / YYYY

| Case 18-<br>Debtor 1 Christine Deanne  | 80550 Doc<br>Dougherty  | 1 Filed 03/15/18<br>Document  | Entered 03/15/18<br>Page 7 of 46 <sub>Case I</sub>  |   | esc Main   |
|--|---|---|---|---|--|
| For your attorney, if you are represented by one f you are not represented by an attorney, you do not need o file this page. | under Chapter 7,<br>for which the pers<br>and, in a case in v                 | 11, 12, or 13 of title 11, Unite ton is eligible. I also certify the which § 707(b)(4)(D) applies, ith the petition is incorrect. | netition, declare that I have int<br>d States Code, and have exp<br>nat I have delivered to the del<br>certify that I have no knowled | lained the relief ava<br>otor(s) the notice req | ilable under each chapter<br>quired by 11 U.S.C. § 342(b)<br>that the information in the |
|  | Printed name  | ale 2018683 Illinois  |   |   |  |
|  | Bernard J. Nat.   | ale, Ltd  |   |   |  |
|  | Edgebrook Off<br>1639 N. Alpine<br>Rockford, IL 6<br>Number, Street, City, St | Road, Suite 401<br>1107   | <u> </u>  |   |  |
|  | Contact phone (81   | 5) 964-4700   | Email address   | natalelaw@bjn                                   | natalelaw.com  |

2018683 Illinois IL Bar number & State

|                     |                          | Docume            | ent Page 8 of 46 |                     |
|---------------------|--------------------------|-------------------|------------------|---------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                     |
| Debtor 1            | Christine Deanne         | Dougherty         |                  |                     |
|                     | First Name               | Middle Name       | Last Name        |                     |
| Debtor 2            |                          |                   |                  |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                     |
| Case number         |                          |                   |                  |                     |
| (if known)          |                          |                   |                  | Check if this is an |
|                     |                          |                   |                  | amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets   |             |                               |
|----|--|-------------|-------------------------------|
|    |  | Your as     | ssets<br>f what you own       |
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 0.00                          |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 27,342.39                     |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 27,342.39                     |
| Pa | t 2: Summarize Your Liabilities  |             |                               |
|    |  |             | <b>abilities</b><br>I you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 6,999.00                      |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                          |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 17,902.49                     |
|    | Your total liabilities   | \$          | 24,901.49                     |
| Pa | t 3: Summarize Your Income and Expenses  |             |                               |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 1,784.00                      |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 1,722.58                      |
| Pa | 4: Answer These Questions for Administrative and Statistical Records   |             |                               |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                      |
| 7. | Yes What kind of debt do you have?   |             |                               |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | personal,   | family, or                    |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Christine Deanne Dougherty

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,163.93

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total clai | m    |
|--|------------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

Document Page 10 of 46 Fill in this information to identify your case and this filing: Debtor 1 Christine Deanne Dougherty First Name Last Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Jeep 3.1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Patriot** Creditors Who Have Claims Secured by Property. Debtor 1 only Model: 2011 Debtor 2 only Current value of the Current value of the 80.000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another \$8,000.00 \$8,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$8,000,00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

| Dobtor 1                           | Document Page 11 of 46  | Desc Main                     |
|------------------------------------|---|-------------------------------|
| Debtor 1                           |   |                               |
| ■ Yes.                             | Describe  |                               |
|                                    | Small complement of household goods   | \$750.00                      |
| □No                                | es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music co including cell phones, cameras, media players, games  Describe  Small complement of home electronics | llections; electronic devices |
| Example ■ No                       | bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, of other collections, memorabilia, collectibles  Describe                          | or baseball card collections; |
| Example ■ No                       | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes as musical instruments  Describe  | nd kayaks; carpentry tools;   |
| □ No                               | ns oles: Pistols, rifles, shotguns, ammunition, and related equipment  Describe  1 handgun  | \$100.00                      |
| □ No                               | s oles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe  Normal complement of clothing   | \$400.00                      |
| □ No                               | y oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go Describe  | ıld, silver                   |
|                                    | Misc costume jewelry  | \$300.00                      |
| Examp ■ No □ Yes.  14. Any ot ■ No | rm animals bles: Dogs, cats, birds, horses  Describe her personal and household items you did not already list, including any health aids you did not list  Give specific information                                 |                               |
|                                    | he dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here   | \$1,800.00                    |

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Document Debtor 1 **Christine Deanne Dougherty** 

| Part 4: Describe Your Fina                      |              |                         |   |   |
|---|--------------|-------------------------|---|---|
| Do you own or have any                          | legal or e   | equitable interest in   | any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. <b>Cash</b> Examples: Money you  □ No ■ Yes |              | •                       | ome, in a safe deposit box, and on hand when you file your per  | ition   |
| ■ Yes   |              |                         | Cash  | \$20.00   |
|   |              |                         | ounts; certificates of deposit; shares in credit unions, brokerages with the same institution, list each.                                   | e houses, and other similar   |
| ■ Yes   |              |                         | Institution name:   |   |
|   | 17.1.        | Checking                | Associated Bank   | \$175.00  |
|   | 17.2.        | Savings                 | Associated Bank   | \$25.00   |
|   | 17.3.        | Savings                 | US Bank   | \$6.00  |
|   | 17.4.        | Checking                | US Bank   | \$1.00  |
|   |              |                         | okerage firms, money market accounts  |   |
| ■ No<br>□ Yes                                   |              | Institution or issuer   | name:   |   |
| 19. Non-publicly traded s joint venture         | stock and    | interests in incorp     | orated and unincorporated businesses, including an inter-   | est in an LLC, partnership, and   |
| ■ No □ Yes. Give specific in                    |              | about themme of entity: | <br>% of ownership:   |   |
| Negotiable instrument                           | ts include p | personal checks, cas    | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. |   |
| ☐ Yes. Give specific in                         |              | about them<br>uer name: |   |   |
| □ No  | IRA, ERI     | SA, Keogh, 401(k), 4    | 403(b), thrift savings accounts, or other pension or profit-sharin  | g plans   |
| Yes. List each accou                            |              | tely.<br>of account:    | Institution name:   |   |
|   | 401(         | <b>k</b> )              | TransAmerica  | \$16,214.39   |
| -   |              |                         |   |   |

#### 22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No

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Case number (if known) Document Debtor 1 Christine Deanne Dougherty Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  $\hfill \square$  Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Estimated 2017 Tax Refunds Federal & State \$400.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Employer provided term Thomas Vaccaro \$1.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because

someone has died.

No

Case 18-80550

Doc 1

Filed 03/15/18

Entered 03/15/18 15:00:35

Desc Main

| Debtor 1                        | Case 18-80550  Christine Deanne Do   | Doc 1<br>ugherty          | Filed 03/15/18<br>Document  | Entered 03/15<br>Page 14 of 46 | 5/18 15:00:35 ase number (if known) | Desc Main  |
|---------------------------------|--|---------------------------|-----------------------------|--------------------------------|-------------------------------------|--|
| ☐ Yes.                          | Give specific information  |                           |                             |                                |                                     |  |
| Examp<br>■ No                   | s against third parties, who ples: Accidents, employmen  Describe each claim |                           |                             |                                | or payment                          |  |
| ■ No                            | contingent and unliquidate  Describe each claim                              | ed claims of              | every nature, including     | g counterclaims of the         | e debtor and rights to              | set off claims   |
| ■ No                            | nancial assets you did not Give specific information                         | already list              |                             |                                |                                     |  |
|                                 | the dollar value of all of yo<br>art 4. Write that number he                 |                           |                             |                                |                                     | \$16,842.39  |
| Part 5: De                      | escribe Any Business-Related   | Property You              | Own or Have an Interest I   | n. List any real estate in     | Part 1.                             | _  |
|                                 | own or have any legal or equi  | table interest            | in any business-related p   | roperty?                       |                                     |  |
| Yes. (                          | Go to line 38.   |                           |                             |                                |                                     |  |
|                                 |  |                           |                             |                                |                                     | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| ■ No                            | nts receivable or commiss  Describe  | sions you alr             | eady earned                 |                                |                                     |  |
| <i>Exam</i> µ<br>■ No           | equipment, furnishings, a ples: Business-related comp                        |                           | re, modems, printers, co    | opiers, fax machines, ru       | gs, telephones, desks,              | chairs, electronic devices   |
|                                 | nery, fixtures, equipment,   | supplies you              | ı use in business, and      | tools of your trade            |                                     |  |
| □ No<br>■ Yes.                  | Describe   |                           |                             |                                |                                     |  |
|                                 | Hair sty   | yling equip               | ment                        |                                |                                     | \$700.00   |
| 41. <b>Invent</b> o ■ No □ Yes. | ory  Describe  |                           |                             |                                |                                     |  |
| 42. Interes ■ No                | sts in partnerships or joint   | ventures                  |                             |                                |                                     |  |
|                                 | Give specific information a<br>Name  | bout them<br>e of entity: |                             |                                | % of ownership:                     |  |
| 43. <b>Custor</b> No.           | mer lists, mailing lists, or o   | other compil              | ations                      |                                |                                     |  |
|                                 | ur lists include personally ide  | entifiable infori         | mation (as defined in 11 U. | S.C. § 101(41A))?              |                                     |  |

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| Daha         | Case 18-80550  | Doc 1            | Filed 03/15/18<br>Document | Entered 03<br>Page 15 of | 3/15/18 15:00:35<br>46    | Desc Main               |
|--------------|--|------------------|----------------------------|--------------------------|---------------------------|-------------------------|
| Debt         | or 1 Christine Deanne Do   | ugherty          |                            |                          | Case number (if known)    |                         |
|              | ■ No<br>□ Yes. Describe  |                  |                            |                          |                           |                         |
|              | ny business-related property y<br>No<br>Yes. Give specific information |                  | ready list                 |                          |                           |                         |
|              | Add the dollar value of all of yo<br>for Part 5. Write that number he  |                  |                            |                          |                           | \$700.00                |
| Part 6       | Describe Any Farm- and Common If you own or have an interest in fa     |                  |                            | n or Have an Interes     | st In.                    |                         |
| 46. <b>D</b> | o you own or have any legal or   | r equitable in   | terest in any farm- or o   | commercial fishir        | ng-related property?      |                         |
| I            | No. Go to Part 7.  |                  |                            |                          |                           |                         |
| [            | Yes. Go to line 47.  |                  |                            |                          |                           |                         |
| Part 7       | Describe All Property You  | Own or Have a    | n Interest in That You Did | l Not List Above         |                           |                         |
|              | o you have other property of a<br>Examples: Season tickets, country    |                  |                            |                          |                           |                         |
| _            | No Yes. Give specific information                                      |                  |                            |                          |                           |                         |
| 54.          | Add the dollar value of all of yo                                      | our entries fr   | om Part 7. Write that n    | umber here               |                           | \$0.00                  |
| Part 8       | List the Totals of Each Part   | of this Form     |                            |                          |                           |                         |
| 55.          | Part 1: Total real estate, line 2                                      |                  |                            |                          |                           | \$0.00                  |
| 56.          | Part 2: Total vehicles, line 5   |                  |                            | \$8,000.00               |                           |                         |
| 57.          | Part 3: Total personal and hou   | sehold items     | s, line 15                 | \$1,800.00               |                           |                         |
| 58.          | Part 4: Total financial assets, li                                     | ine 36           | _                          | \$16,842.39              |                           |                         |
| 59.          | Part 5: Total business-related <sub>ا</sub>                            | property, line   | 45                         | \$700.00                 |                           |                         |
| 60.          | Part 6: Total farm- and fishing-                                       | related prop     | erty, line 52              | \$0.00                   |                           |                         |
| 61.          | Part 7: Total other property not                                       | t listed, line t | 54 +                       | \$0.00                   |                           |                         |
| 62.          | Total personal property. Add lin                                       | nes 56 throug    | h 61                       | \$27,342.39              | Copy personal property to | otal <b>\$27,342.39</b> |
| 63.          | Total of all property on Schedu  | ıle A/B. Add I   | ine 55 + line 62           |                          |                           | \$27,342.39             |
|              |  |                  |                            |                          | 1                         |                         |

Official Form 106A/B Schedule A/B: Property page 6

|                     |                         | I A A A HILLS     | · · · · · · · · · · · · · · · · · · · |                    |
|---------------------|-------------------------|-------------------|---------------------------------------|--------------------|
| Fill in this inform | nation to identify your | case:             |                                       |                    |
| Debtor 1            | Christine Deanne        | Dougherty         |                                       |                    |
|                     | First Name              | Middle Name       | Last Name                             |                    |
| Debtor 2            |                         |                   |                                       |                    |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name                             |                    |
| United States Bar   | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                           |                    |
| Case number         |                         |                   |                                       |                    |
| (if known)          |                         |                   |                                       | ☐ Check if this is |
|                     |                         |                   |                                       | amended filin      |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the I | Property | You | Claim a | s Exemp | ıt |
|---------|----------|-------|----------|-----|---------|---------|----|
|---------|----------|-------|----------|-----|---------|---------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Current value of the Amount of the exemption you claim portion you own |                                     | ount of the exemption you claim | Specific laws that allow exemption                              |                       |  |
|--|-------------------------------------|---------------------------------|---|-----------------------|--|
|  | Copy the value from<br>Schedule A/B | Che                             | ck only one box for each exemption.                             |                       |  |
| 2011 Jeep Patriot 80,000 miles Line from Schedule A/B: 3.1   | \$8,000.00                          |                                 | \$2,400.00  | 735 ILCS 5/12-1001(c) |  |
| Lille Hotti Schedule AVB. 3.1  |                                     |                                 | 100% of fair market value, up to any applicable statutory limit |                       |  |
| Small complement of household goods  | \$750.00                            |                                 | \$750.00  | 735 ILCS 5/12-1001(b) |  |
| Line from Schedule A/B: 6.1  |                                     |                                 | 100% of fair market value, up to any applicable statutory limit |                       |  |
| Small complement of home electronics   | \$250.00                            |                                 | \$250.00  | 735 ILCS 5/12-1001(b) |  |
| Line from Schedule A/B: <b>7.1</b>   |                                     |                                 | 100% of fair market value, up to any applicable statutory limit |                       |  |
| 1 handgun Line from Schedule A/B: 10.1   | \$100.00                            |                                 | \$100.00  | 735 ILCS 5/12-1001(b) |  |
|  |                                     |                                 | 100% of fair market value, up to any applicable statutory limit |                       |  |
| Normal complement of clothing  | \$400.00                            |                                 | \$400.00  | 735 ILCS 5/12-1001(a) |  |
| Ellio II oli I oli loddo Al D.   |                                     |                                 | 100% of fair market value, up to any applicable statutory limit |                       |  |

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Case number (if known)

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| Misc costume jewelry Line from Schedule A/B: 12.1                                      | \$300.00                             |     | \$300.00  | 735 ILCS 5/12-1001(b)              |
| Line from Scriedule A/B. 12.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$20.00                              |     | \$20.00   | 735 ILCS 5/12-1001(b)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Associated Bank Line from Schedule A/B: 17.1                                 | \$175.00                             |     | \$175.00  | 735 ILCS 5/12-1001(b)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Savings: Associated Bank Line from Schedule A/B: 17.2                                  | \$25.00                              |     | \$25.00   | 735 ILCS 5/12-1001(b)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Savings: US Bank Line from Schedule A/B: 17.3  | \$6.00                               |     | \$6.00  | 735 ILCS 5/12-1001(b)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: US Bank Line from Schedule A/B: 17.4   | \$1.00                               |     | \$1.00  | 735 ILCS 5/12-1001(b)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 401(k): TransAmerica Line from Schedule A/B: 21.1                                      | \$16,214.39                          |     |   | 735 ILCS 5/12-1006                 |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Federal & State: Estimated 2017 Tax<br>Refunds   | \$400.00                             |     | \$400.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 28.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Employer provided term<br>Beneficiary: Thomas Vaccaro                                  | \$1.00                               |     |   | 735 ILCS 5/12-1001(f)              |
| Line from Schedule A/B: 31.1   |                                      | •   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Hair styling equipment Line from Schedule A/B: 40.1                                    | \$700.00                             |     | \$700.00  | 735 ILCS 5/12-1001(b)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

|                    | Case 2                         | 18-80550                                | Doc 1 Filed 03/15/18  Document  | Entero          | ed 03/15/18 15:00<br>8 of 46           | :35 Desc M                                      | lain                     |
|--------------------|--------------------------------|---|---|-----------------|--|---|--------------------------|
| Fill in this       | s information                  | n to identify yoເ                       |   | T AUC. 1        | 0 01 40                                |   |                          |
| Debtor 1           | C                              | hristine Deanı                          | ne Dougherty  |                 |  |   |                          |
| DODIOI 1           |                                | st Name                                 | Middle Name   | Last Name       |  |   |                          |
| Debtor 2           |                                |   |   |                 |  |   |                          |
| (Spouse if, fil    | ing) Firs                      | st Name                                 | Middle Name   | Last Name       |  |   |                          |
| United Sta         | ates Bankrup                   | tcy Court for the:                      | NORTHERN DISTRICT OF ILL  | INOIS           |  |   |                          |
| Case num           | ber                            |   |   |                 |  |   |                          |
| (if known)         |                                |   |   |                 |  | ☐ Check   | if this is an            |
|                    |                                |   |   |                 |  | amend   | led filing               |
| <b>Off</b> : a: a! | Гожо 10                        | ACD.                                    |   |                 |  |   |                          |
|                    | Form 10                        |   |   | _               |  |   |                          |
| Sched              | lule D:                        | Creditors                               | Who Have Claims   | Secure          | ed by Property                         |   | 12/15                    |
|                    | copy the Addit                 |   | If two married people are filing togeth out, number the entries, and attach it              |                 |  |   |                          |
| . Do any c         | reditors have                  | claims secured by                       | y your property?  |                 |  |   |                          |
| ☐ No               | . Check this b                 | oox and submit t                        | his form to the court with your other   | schedules.      | You have nothing else to re            | eport on this form.                             |                          |
| ■ Ye               | s. Fill in all of              | the information                         | below.  |                 |  |   |                          |
| Part 1:            | List All Sec                   | ured Claims                             |   |                 |  |   |                          |
|                    |                                |   | more than one secured claim, list the cre   | ditor senarate  | Column A C                             | Column B  | Column C                 |
| for each cla       | im. If more that               | an one creditor has                     | s a particular claim, list the other creditors<br>cal order according to the creditor's nam | s in Part 2. As | Amount of claim V Do not deduct the tl | alue of collateral<br>hat supports this<br>laim | Unsecured portion If any |
| 2.1 <b>The</b>     | Huntingto                      | n Bank                                  | Describe the property that secures t  | the claim:      | \$6,999.00                             | \$8,000.00                                      | \$0.00                   |
| Credit             | or's Name                      |   | 2011 Jeep Patriot 80,000 mil  | les             |  |   |                          |
| 200                | Day 40054                      | 0                                       |   |                 |  |   |                          |
| _                  | Box 18251<br>umbus, Oh         | -                                       | As of the date you file, the claim is:  | Check all that  |  |   |                          |
|                    | 18-2519                        | •                                       | apply.  Contingent  |                 |  |   |                          |
| Numb               | er, Street, City, S            | State & Zip Code                        | ☐ Unliquidated  |                 |  |   |                          |
|                    | · , - · · · , - · , , -        | , | ☐ Disputed  |                 |  |   |                          |
| Who owes           | s the debt? C                  | heck one.                               | Nature of lien. Check all that apply.   |                 |  |   |                          |
| ■ Debtor           | 1 only                         |   | ☐ An agreement you made (such as i  | mortgage or se  | ecured                                 |   |                          |
| ☐ Debtor 2         | •                              |   | car loan)   |                 |  |   |                          |
|                    | and Debtor 2                   | only                                    | ☐ Statutory lien (such as tax lien, med   | chanic's lien)  |  |   |                          |
|                    |                                | otors and another                       | ☐ Judgment lien from a lawsuit  | ,               |  |   |                          |
| ☐ Check            | if this claim re<br>unity debt |   | Other (including a right to offset)   | Purchase        | Money Security                         |   |                          |
| Date debt          | was incurred                   | 04/2013                                 | Last 4 digits of account numl   | ber <u>6485</u> |  |   |                          |
|                    |                                |   |   |                 |  |   |                          |
| Add the            | dollar value of                | f your entries in C                     | column A on this page. Write that num   | ber here:       | \$6,999.                               | 00  |                          |
|                    | the last page of               |   | the dollar value totals from all pages.   |                 | \$6,999.0                              |   |                          |
| AALIC IIIG         | a number ner                   | ·.                                      |   |                 |  | 1   |                          |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Ü   | 430 10 00000   | Docume  | nt Page 1                                   | 19 of 46                                       | 10.00.00 DC0  | o mani                                      |
|---|--|---|---|--|---|---|
| Fill in this info   | rmation to identify your o   |   |   |  |   |   |
| Debtor 1  | Christine Deanne   | Dougherty   |   |  |   |   |
| Debtor 1  | First Name   | Middle Name   | Last Name                                   |  | —   |   |
| Debtor 2  |  |   |   |  |   |   |
| (Spouse if, filing)   | First Name   | Middle Name   | Last Name                                   |  |   |   |
| United States B   | ankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS                                 |  |   |   |
| Case number   |  |   |   |  |   |   |
| (if known)  |  |   |   |  | □ CI  | heck if this is an                          |
|   |  |   |   |  | ar  | mended filing                               |
| Official For<br>Schedule  | m 106E/F<br>E/F: Creditors W   | ho Have Unsecu  | ıred Claims                                 | i  |   | 12/15                                       |
| Schedule G: Exect<br>Schedule D: Cred<br>eft. Attach the Co<br>name and case no | ntracts or unexpired leases :<br>cutory Contracts and Unexpi<br>litors Who Have Claims Secu<br>ontinuation Page to this pag-<br>umber (if known).<br>All of Your PRIORITY Un | red Leases (Official Form 1<br>Ired by Property. If more sp<br>e. If you have no informatio | 06G). Do not includ<br>pace is needed, copy | de any creditors with<br>by the Part you need, | partially secured claims till it out, number the enti | that are listed in ries in the boxes on the |
|   | itors have priority unsecured  |   |   |  |   |   |
| ■ No. Go to   |  |   |   |  |   |   |
| Yes.  | 1 dit 2.   |   |   |  |   |   |
|   | All of Your NONPRIORIT   | Y Unsecured Claims  |   |  |   |   |
| 3. Do any credi   | itors have nonpriority unsec   | ured claims against you?  |   |  |   |   |
| □ No. You h   | ave nothing to report in this pa   | art. Submit this form to the co   | urt with vour other sc                      | chedules.                                      |   |   |
| Yes.  | ioro non migro reper in ane pe   |   | art man your outer oo                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,         |   |   |
| unsecured cla   | ur nonpriority unsecured cla<br>aim, list the creditor separately<br>ditor holds a particular claim, list  | for each claim. For each clai   | m listed, identify what                     | at type of claim it is. Do                     | not list claims already incl                          | uded in Part 1. If more                     |
|   |  |   |   |  |   | Total claim                                 |
|   | nityBank/Victorias Sec<br>rity Creditor's Name   | cret Last 4 digits  | of account number                           | er <u>7614</u>                                 |   | \$262.13                                    |
| Bankr<br>PO Bo  | uptcy Dept<br>ox 182125  | When was t  | he debt incurred?                           |  |   |   |
| Number  | Street City State Zlp Code curred the debt? Check one.   | As of the da  | te you file, the clain                      | m is: Check all that ap                        | ply   |   |
| ■ Debt  | or 1 only  | ☐ Continger   | nt  |  |   |   |
| ☐ Debt  | or 2 only  | ☐ Unliquida   | ted   |  |   |   |
| ☐ Debt  | or 1 and Debtor 2 only   | ☐ Disputed  |   |  |   |   |
|   | ast one of the debtors and and   | ther Type of NON  | NPRIORITY unsecur                           | red claim:                                     |   |   |
| ☐ Chec  | ck if this claim is for a comn   | nunity  | oans  |  |   |   |
| debt  | aim subject to offset?   | _   |   | paration agreement or                          | r divorce that you did not                            |   |
| ■ No  | 500,000  |   | •   | iring plans, and other s                       | similar debts   |   |
| □ Yes   |  | Other. Sp   |   |  |   |   |
| 63  |  | — Other. Sp   | CONY - CONT DO                              |  |   |   |

Document Page 20 of 46 Debtor 1 Christine Deanne Dougherty Case number (if know) 4.2 \$951.61 Kohls Last 4 digits of account number 4016 Nonpriority Creditor's Name PO Box 3043 When was the debt incurred? Milwaukee, WI 53201-3043 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 Macy's Last 4 digits of account number 9191 \$1,722.49 Nonpriority Creditor's Name Bankruptcy Processing When was the debt incurred? PO Box 8053 Mason, OH 45040 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Credit Card Other. Specify \$3,555.32 4.4 Synchrony Bank/Old Navy 3205 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? PO Box 965060 Orlando, FL 32896-5061 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

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| US Bank  | Last 4 digits of account number 7886  | \$        |
|--|---|-----------|
| Nonpriority Creditor's Name  PO Box 1800   | When was the debt incurred?   |           |
| Saint Paul, MN 55101-0800  | Then was the dest mounted:  |           |
| Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.  |   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |           |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community   | ☐ Student loans   |           |
| lebt<br>s the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims          |           |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |           |
| Yes  | Other. Specify Reserve Line   |           |
| JS Bank  | Last 4 digits of account number 9851  | \$        |
| Ionpriority Creditor's Name PO Box 790408  | When was the debt incurred?   |           |
| Saint Louis, MO 63179-0408  Jumber Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |           |
| Debtor 1 only  | □ outlinest   |           |
| Debtor 2 only  | ☐ Contingent  |           |
| _  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |           |
| At least one of the debtors and another  | Student loans   |           |
| ☐ Check if this claim is for a community<br>lebt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |           |
| s the claim subject to offset?   | report as priority claims   |           |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| ☐ Yes  | Other. Specify Loan   |           |
| JS Bank  | Last 4 digits of account number 8450  | \$        |
| Ionpriority Creditor's Name  | When was the debt incurred?   |           |
| Cardmember Services<br>PO Box 6353<br>Fargo, ND 58125-6353                                       | when was the dept incurred?   |           |
| lumber Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.  |   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |           |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community   | ☐ Student loans   |           |
| lebt<br>s the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts                                      |           |
| ☐Yes   | ■ Other. Specify Credit Card  |           |
| List Others to Be Notified About a Deb   | ot That You Already Listed  |           |
| page only if you have others to be notified al   | bout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if                         | a collect |

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 Christine Deanne Dougherty

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Т  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|              |     |   |     | Т  | otal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 17,902.49  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 17,902.49  |

|                     |                          | 17/1/11111        | 111 17111. 737 11 40 |  |
|---------------------|--------------------------|-------------------|----------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                      |  |
| Debtor 1            | Christine Deanne         | Dougherty         |                      |  |
|                     | First Name               | Middle Name       | Last Name            |  |
| Debtor 2            |                          |                   |                      |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name            |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS          |  |
| Case number         |                          |                   |                      |  |
| (if known)          |                          |                   |                      |  |
|                     |                          |                   |                      |  |

## Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Number   Street   Street   ZIP Code  |     | Person or | r company with<br>Name, Numbe | whom you have the | contract or lease | State what the contract or lease is for |
|--|-----|-----------|-------------------------------|-------------------|-------------------|---|
| Number         Street           City         State         ZIP Code           2.2         Name         Number         Street           City         State         ZIP Code           2.3         Name         City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street  | 2.1 |           |                               |                   |                   |   |
| City         State         ZIP Code           2.2         Name         Number         Street           City         State         ZIP Code           2.3         Name         City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street  |     | Name      |                               |                   |                   | _                                       |
| Number   Street   State   ZIP Code   |     | Number    | Street                        |                   |                   |   |
| Number Street  City State ZIP Code  2.3  Name  Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street   |     | City      |                               | State             | ZIP Code          | <u> </u>                                |
| Number         Street           City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street           Number         Street         Street  | 2.2 |           |                               |                   |                   |   |
| City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street   |     | Name      |                               |                   |                   |   |
| 2.3   Name   Number   Street   State   ZIP Code    2.4   Name   Number   Street   State   ZIP Code    2.5   Name   Name   Street   State   ZIP Code    2.5   Name   Name   Street   Street   State   ZIP Code    2.6   Name   Street   Street |     | Number    | Street                        |                   |                   |   |
| 2.3   Name   Number   Street   State   ZIP Code    2.4   Name   Number   Street   State   ZIP Code    2.5   Name   Name   Street   State   ZIP Code    2.5   Name   Name   Street   Street   State   ZIP Code    2.6   Name   Street   Street |     | City      |                               | State             | 7ID Codo          | <u> </u>                                |
| Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street  Street  Number Street   | 2.3 | City      |                               | State             | ZIF Code          |   |
| City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street  |     | Name      |                               |                   |                   | _                                       |
| 2.4   Name   Number   Street   State   ZIP Code  |     | Number    | Street                        |                   |                   |   |
| 2.4   Name   Number   Street   State   ZIP Code  |     | City      |                               | State             | ZIP Code          | <u> </u>                                |
| Number Street  City State ZIP Code  2.5  Name  Number Street   | 2.4 |           |                               |                   |                   |   |
| City         State         ZIP Code           2.5         Name           Number         Street   |     | Name      |                               |                   |                   | _                                       |
| 2.5 Name Number Street   |     | Number    | Street                        |                   |                   |   |
| 2.5 Name Number Street   |     | City      |                               | State             | ZIP Code          | <u> </u>                                |
| Number Street  | 2.5 |           |                               |                   |                   |   |
|  |     | Name      |                               |                   |                   | _                                       |
|  |     | Number    | Street                        |                   |                   | _                                       |
| City State ZIP Code  |     |           | Succi                         |                   |                   |   |
|  |     | City      |                               | State             | ZIP Code          | <del>_</del>                            |

|                         |   | Docume                        | nt Page 24 d          | of 46  |                           |
|-------------------------|---|-------------------------------|-----------------------|--|---------------------------|
| Fill in this            | information to identify your                                      | case:                         |                       |  |                           |
| Debtor 1                | Christine Deanne  | Doughorty                     |                       |  |                           |
| DCDIOI 1                | First Name  | Middle Name                   | Last Name             |  |                           |
| Debtor 2                |   |                               |                       |  |                           |
| (Spouse if, filir       | ng) First Name  | Middle Name                   | Last Name             |  |                           |
| United Sta              | tes Bankruptcy Court for the:                                     | NORTHERN DISTRICT             | OF ILLINOIS           |  |                           |
|                         |   |                               |                       |  |                           |
| Case numb<br>(if known) |   |                               |                       |  | Check if this is an       |
| (                       |   |                               |                       | "  | amended filing            |
|                         |   |                               |                       |  | <b>3</b>                  |
| Official                | l Form 106H   |                               |                       |  |                           |
|                         |   | obtoro                        |                       |  | 4044                      |
| schea                   | ule H: Your Cod   | eptors                        |                       |  | 12/15                     |
| our name                | and case number (if known you have any codebtors? (If             | . Answer every question       |                       | o this page. On the top of any Ac  | •                         |
|                         | ,   | , , , ,                       | ·                     |  |                           |
| ■ No                    |   |                               |                       |  |                           |
| ☐ Yes                   | <b>i</b>  |                               |                       |  |                           |
|                         | hin the last 8 years, have you<br>a, California, Idaho, Louisiana |                               |                       | ry? (Community property states an ington, and Wisconsin.)  | d territories include     |
| ■ No.                   | Go to line 3.   |                               |                       |  |                           |
| ☐ Yes                   | s. Did your spouse, former spo                                    | use, or legal equivalent live | with you at the time? |  |                           |
| in line<br>Form         | 2 again as a codebtor only  | if that person is a guaran    | tor or cosigner. Make | if your spouse is filing with you<br>sure you have listed the creditor<br>16G). Use Schedule D, Schedule | r on Schedule D (Official |
|                         | Column 1: Your codebtor   | ID Code                       |                       | Column 2: The creditor to w  | -                         |
| r                       | Name, Number, Street, City, State and Z                           | ir Gode                       |                       | Check all schedules that app   | ıy:                       |
| 3.1                     |   |                               |                       | ☐ Schedule D, line   |                           |
|                         | Name  |                               |                       | ☐ Schedule E/F, line   |                           |
|                         |   |                               |                       | ☐ Schedule G, line   |                           |
| _                       | Number Street   |                               |                       | _  |                           |
|                         | City  | State                         | ZIP Code              |  |                           |
|                         |   |                               |                       |  |                           |
| 2.0                     |   |                               |                       | Cohodule D. line   |                           |
| 3.2                     | Name  |                               |                       | Schedule D, line   |                           |
| '                       |   |                               |                       | ☐ Schedule E/F, line<br>☐ Schedule G, line   |                           |
|                         |   |                               |                       |  | <del></del>               |
|                         | Number Street   | Chale                         | 710.0-4-              |  |                           |
|                         | City  | State                         | ZIP Code              |  |                           |

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| Fill        | in this information to   | o identify your ca | ase:   |   |              |       |               |           |                          |                                 |          |
|-------------|--|--------------------|--|---|--------------|-------|---------------|-----------|--------------------------|---------------------------------|----------|
| Del         | btor 1   | Christine De       | eanne Dougherty  |   |              | _     |               |           |                          |                                 |          |
|             | btor 2<br>buse, if filing)   |                    |  |   |              | _     |               |           |                          |                                 |          |
| Uni         | ited States Bankrup  | tcy Court for the  | : NORTHERN DISTRIC   | CT OF ILLINOIS                                    |              | _     |               |           |                          |                                 |          |
|             | se number<br>nown)   |                    |  | -   |              |       | ☐ An          |           | ed filing<br>ent showing | g postpetitior<br>ollowing date |          |
| 0           | fficial Form   | 106I               |  |   |              |       | MM            | I / DD/ Y | YYY                      | J                               |          |
| S           | chedule I: `   | Your Inco          | ome  |   |              |       |               |           |                          |                                 | 12/15    |
| spo<br>atta | use. If you are sep<br>ch a separate shee  | arated and you     | are married and not filing wing spouse is not filing wing wing the top of any additi | ith you, do not incl                              | ude infor    | matic | on about y    | our spo   | ouse. If mo              | ore space is                    | needed,  |
| 1.          | Fill in your employment information.   |                    | Debtor 1   | Debtor 1  |              |       | Debtor 2      | or non-fi | ling spouse              |                                 |          |
|             | If you have more than one job, attach a separate page with information about additional employers. | Employment status  | ■ Employed   |   |              |       | ☐ Emple       | •         |                          |                                 |          |
|             |  | Employment Status  | ☐ Not employed   |   |              |       | □ Not e       | mployed   |                          |                                 |          |
|             |  | Occupation         | Phlebotomist   |   |              |       |               |           |                          |                                 |          |
|             | Include part-time,<br>self-employed wo   | rk.                | Employer's name  | Rock River Valley Blood<br>Center                 |              |       |               |           |                          |                                 |          |
|             | Occupation may in or homemaker, if   |                    | Employer's address   | aployer's address 419 N 6th St<br>Rockford, IL 61 |              |       |               |           |                          |                                 |          |
|             |  |                    | How long employed t  | here? 6 year                                      | s            |       |               |           |                          |                                 |          |
| Par         | rt 2: Give Det   | tails About Mon    | thly Income  |   |              |       |               |           |                          |                                 |          |
|             | mate monthly inco  |                    | ate you file this form. If   | you have nothing to                               | report for   | any I | ine, write \$ | 0 in the  | space. Inc               | clude your no                   | n-filing |
|             | ou or your non-filing<br>e space, attach a se  |                    | ore than one employer, co  | ombine the information                            | on for all e | emplo | yers for th   | at perso  | n on the li              | nes below. If                   | you need |
|             |  |                    |  |   |              |       | For Debto     | or 1      |                          | otor 2 or<br>ng spouse          |          |
| 2.          |  |                    | ry, and commissions (becalculate what the monthle                                    |   | 2.           | \$    | 2,5           | 86.00     | \$                       | N/A                             |          |
| 3.          | Estimate and list  | t monthly overti   | ime pay.   |   | 3.           | +\$   | 3             | 53.00     | +\$                      | N/A                             | -        |
| 4.          | Calculate gross  | Income. Add lin    | ne 2 + line 3.   |   | 4.           | \$    | 2,939         | 0.00      | \$                       | N/A                             |          |

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| Deb | otor 1        | Christine Deanne Dougherty   | _              | С    | ase number (if known) |                |                          |                   |                 |
|-----|---------------|--|----------------|------|-----------------------|----------------|--------------------------|-------------------|-----------------|
|     |               |  |                |      | For Debtor 1          | no             | or Debtor<br>on-filing s | pouse             |                 |
|     | Сор           | y line 4 here  | 4.             |      | \$ 2,939.00           | \$             |                          | N/A               | -               |
| 5.  | List          | all payroll deductions:  |                |      |                       |                |                          |                   |                 |
|     | 5a.           | Tax, Medicare, and Social Security deductions  | 5a             | ı. : | \$ 672.00             | \$             |                          | N/A               |                 |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b             | ).   | \$ 0.00               | \$             |                          | N/A               | -               |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c             | :. : | \$ 268.00             | \$             |                          | N/A               | -               |
|     | 5d.           | Required repayments of retirement fund loans   | 5d             |      | 0.00                  |                |                          | N/A               | _               |
|     | 5e.           | Insurance  | 5e             |      | \$ 182.00             | _ :-           |                          | N/A               | -               |
|     | 5f.           | Domestic support obligations Union dues  | 5f.            |      | \$0.00                |                |                          | N/A               | -               |
|     | 5g.<br>5h.    | Other deductions. Specify: Term Life Insurance   | 5g<br>5h       | ,    | •                     | '_             |                          | N/A<br>N/A        | -               |
|     | 511.          | Disability Insurance   |                |      | \$ 29.00              |                |                          | N/A               | =               |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | —<br>6.        | 9    | 1,155.00              | - '-           |                          | N/A               | -               |
| 7.  |               | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.             | 9    |                       |                |                          | N/A               | =               |
|     |               |  | ۲.             | 4    | 1,764.00              | Ψ.             |                          | N/A               | -               |
| 8.  | 8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                      | 8a             |      | \$ 0.00               | \$             |                          | N/A               |                 |
|     | 8b.           | Interest and dividends   | 8b             |      | \$ 0.00               |                |                          | N/A               | -               |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | t<br>8c        | :. : | \$ 0.00               | \$             |                          | N/A               | -               |
|     | 8d.           | Unemployment compensation  | 8d             | l. : | \$ 0.00               | \$             |                          | N/A               | -               |
|     | 8e.           | Social Security  | 8e             | ).   | 0.00                  | \$             |                          | N/A               | -               |
|     | 8f.<br>8g.    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | e<br>8f.<br>8g |      | \$0.00<br>\$          |                |                          | N/A<br>N/A        |                 |
|     | 8h.           | Other monthly income. Specify:   | -              | ,    | •                     | _ Ψ.<br>! + \$ |                          | N/A<br>N/A        | -               |
|     | 011.          |  | _ "            |      |                       | _ ·            |                          |                   | ¬               |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.             | \$   | 0.00                  | \$             |                          | N/A               | 1               |
| 10. | Cald          | culate monthly income. Add line 7 + line 9.  | 10.            | \$   | 1,784.00 +            | 5              | N/A                      | = \$              | 1,784.00        |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |                | · —  | .,                    |                |                          | . Li_             | .,              |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule are contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:                                 | depe           |      | .,                    | •              |                          |                   | 0.00            |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailes  |                |      |                       |                |                          | \$                | 1,784.00        |
| 13. | Do            | you expect an increase or decrease within the year after you file this form  | 1?             |      |                       |                | ·                        | Combin<br>monthly | ned<br>y income |
|     |               | No.<br>Yes. Explain:   |                |      |                       |                |                          |                   |                 |

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| Fill i | in this information to identify your case:   |   |                 |   |   |
|--------|--|---|-----------------|---|---|
| Debt   | otor 1 Christine Deanne Dougherty  |   | Che             | ck if this is:  |   |
|        | otor 2 ouse, if filing)  |   |                 | An amended filing<br>A supplement show<br>13 expenses as of | ving postpetition chapter the following date: |
| ` '    | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINO   | ols                                     |                 | MM / DD / YYYY  |   |
|        | se number  |   |                 | , 22 ,  |   |
| 1      | nown)  |   |                 |   |   |
| Of     | fficial Form 106J  |   |                 |   |   |
| Sc     | chedule J: Your Expenses   |   |                 |   | 12/1  |
| info   | as complete and accurate as possible. If two married people are<br>ormation. If more space is needed, attach another sheet to this fo<br>mber (if known). Answer every question. |   |                 |   |   |
| Part   |  |   |                 |   |   |
| 1.     | Is this a joint case?  No. Go to line 2.   |   |                 |   |   |
|        | ☐ Yes. Does Debtor 2 live in a separate household?   |   |                 |   |   |
|        | □ No   |   |                 |   |   |
|        | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses f   | for Separate Housei                     | hold of Deb     | tor 2.  |   |
| 2.     | Do you have dependents? ■ No   |   |                 |   |   |
|        | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent  | Dependent's relation Debtor 1 or Debtor |                 | Dependent's age   | Does dependent live with you?                 |
|        | Do not state the   |   |                 |   | □ No  |
|        | dependents names.  |   |                 |   | □ Yes<br>□ No                                 |
|        |  |   |                 |   | ☐ Yes   |
|        |  | -                                       |                 | _   | □ No  |
|        |  |   |                 |   | ☐ Yes   |
|        |  |   |                 |   | □ No  |
| 3.     | Do your expenses include   | -                                       |                 |   | ☐ Yes   |
| O.     | expenses of people other than yourself and your dependents?  |   |                 |   |   |
| Part   | t 2: Estimate Your Ongoing Monthly Expenses  |   |                 |   |   |
| exp    | timate your expenses as of your bankruptcy filing date unless you benses as of a date after the bankruptcy is filed. If this is a supple blicable date.                          |   |                 |   |   |
| the    | lude expenses paid for with non-cash government assistance if you are assistance and have included it on Schedule I: You ficial Form 106I.)                                      |   |                 | Your exp  | enses   |
|        |  |   |                 |   |   |
| 4.     | The rental or home ownership expenses for your residence. Incompayments and any rent for the ground or lot.  | clude first mortgage                    | 4. \$           | <b></b>   | 0.00  |
|        | If not included in line 4:   |   |                 |   |   |
|        | 4a. Real estate taxes  |   | 4a. S           | <b>.</b>  | 0.00  |
|        | 4b. Property, homeowner's, or renter's insurance   |   | 4b. \$          |   | 0.00  |
|        | 4c. Home maintenance, repair, and upkeep expenses  |   | 4c. \$          |   | 20.00   |
| 5.     | <ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as hom</li> </ul>  | ne equity loans                         | 4d. \$<br>5. \$ | ·   | 0.00<br>0.00                                  |

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| Debtor 1 Chris       | tine Deanne Dougherty   | Case num     | ber (if known) |   |
|----------------------|---|--------------|----------------|---|
| 6. Utilities:        |   |              |                |   |
|                      | city, heat, natural gas   | 6a.          | \$             | 175.00  |
|                      | sewer, garbage collection   | 6b.          | \$             | 60.00   |
|                      | none, cell phone, Internet, satellite, and cable services                                   | 6c.          | ·              | 136.00  |
| •                    | Specify:  | 6d.          | ·              | 0.00  |
|                      | pusekeeping supplies  | 7.           | ·              | 400.00  |
|                      | nd children's education costs   | 8.           | \$             | 0.00  |
|                      | undry, and dry cleaning   | 9.           | \$             | 100.00  |
| _                    | re products and services  | 9.<br>10.    | · -            | -   |
|                      | •   |              | ·              | 200.00  |
|                      | dental expenses   | 11.          | \$             | 35.00   |
|                      | ion. Include gas, maintenance, bus or train fare.<br>le car payments.                       | 12.          | \$             | 150.00  |
|                      | ent, clubs, recreation, newspapers, magazines, and books                                    | 13.          | ·              | 40.00   |
|                      | ontributions and religious donations  | 14.          | · ·            | 0.00  |
| 5. <b>Insurance.</b> | ontributions and religious donations  | 14.          | Ψ              | 0.00  |
|                      | de insurance deducted from your pay or included in lines 4 or 20.                           |              |                |   |
| 15a. Life in         |   | 15a.         | \$             | 0.00  |
| 15b. Health          |   | 15b.         | ·              | 0.00  |
| 15c. Vehicle         |   | 15c.         | ·              | 125.00  |
|                      | insurance. Specify:   | 15d.         |                | 0.00  |
|                      | ot include taxes deducted from your pay or included in lines 4 or 20.                       |              | Ψ              | 0.00  |
| Specify:             | or include taxes deducted from your pay or included in lines 4 or 20.                       | 16.          | \$             | 0.00  |
|                      | or lease payments:  |              | ·              |   |
|                      | syments for Vehicle 1   | 17a.         | \$             | 281.58  |
|                      | syments for Vehicle 2   | 17b.         | \$             | 0.00  |
| 17c. Other.          |   | 17c.         | \$             | 0.00  |
| 17d. Other.          | · · · · · <u> </u>  | 17d.         | ·              | 0.00  |
|                      | nts of alimony, maintenance, and support that you did not report a                          |              |                |   |
|                      | om your pay on line 5, Schedule I, Your Income (Official Form 106I).                        |              | \$             | 0.00  |
|                      | ents you make to support others who do not live with you.                                   |              | \$             | 0.00  |
| Specify:             |   | 19.          |                |   |
| Other real p         | roperty expenses not included in lines 4 or 5 of this form or on Sch                        | edule I: Yo  | our Income.    |   |
| 20a. Mortga          | ages on other property  | 20a.         | \$             | 0.00  |
| 20b. Real e          | state taxes   | 20b.         | \$             | 0.00  |
| 20c. Proper          | rty, homeowner's, or renter's insurance   | 20c.         | \$             | 0.00  |
| 20d. Mainte          | enance, repair, and upkeep expenses   | 20d.         | \$             | 0.00  |
|                      | owner's association or condominium dues   | 20e.         | \$             | 0.00  |
| 1. Other: Speci      | ifv:  | 21.          | +\$            | 0.00  |
| ••                   |   |              | . •            | 0.00  |
| -                    | our monthly expenses  |              |                |   |
|                      | es 4 through 21.  |              | \$             | 1,722.58                                      |
| 22b. Copy lir        | ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                    |              | \$             |   |
| 22c. Add line        | 22a and 22b. The result is your monthly expenses.   |              | \$             | 1,722.58                                      |
|                      |   |              |                | <u>,                                     </u> |
| •                    | our monthly net income.   | 22           | •              | 4 = 4 4 6 6                                   |
|                      | ine 12 (your combined monthly income) from Schedule I.                                      | 23a.         |                | 1,784.00                                      |
| 23b. Copy y          | your monthly expenses from line 22c above.  | 23b.         | -\$            | 1,722.58                                      |
| 000 0                | et vour monthly over an active way your monthly in a series                                 |              |                |   |
|                      | ct your monthly expenses from your monthly income. sult is your <i>monthly net income</i> . | 23c.         | \$             | 61.42   |
| ine re               | ouit io your <i>monthly net income</i> .  | 200.         | *              |   |
| 24. Do vou expe      | ect an increase or decrease in your expenses within the year after y                        | ou file this | form?          |   |
|                      | do you expect to finish paying for your car loan within the year or do you expect you       |              |                | or decrease because of                        |
|                      | the terms of your mortgage?   |              |                |   |
| No.                  |   |              |                |   |
| ☐ Yes.               | Explain here:   |              |                |   |

| Fill in this infor              | mation to identify your                           | case:                   |                              |                              |   |
|---------------------------------|---|-------------------------|------------------------------|------------------------------|---|
| Debtor 1                        | Christine Deanne                                  | eanne Dougherty         |                              |                              |   |
|                                 | First Name  | Middle Name             | Last Name                    |                              |   |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name             | Last Name                    |                              |   |
|                                 |   | NORTHERN DISTRIC        | OT OF HILIMOIC               |                              |   |
| United States Ba                | ankruptcy Court for the:                          | NORTHERN DISTRIC        | JI OF ILLINOIS               |                              |   |
| Case number                     |   |                         |                              | _                            |   |
| (if known)                      |   |                         |                              |                              | Check if this is an<br>amended filing                     |
|                                 |   |                         |                              |                              | amended illing  |
| Official Forr                   | n 106Dec  |                         |                              |                              |   |
|                                 |   | n Individua             | l Debtor's Sc                | hedules                      | 12/15   |
|                                 |   |                         |                              |                              |   |
|                                 | 8 U.S.C. §§ 152, 1341, 1                          | 519, and 3571.          |                              |                              |   |
| Did you pa                      | y or agree to pay some                            | one who is NOT an att   | orney to help you fill out b | bankruptcy forms?            |   |
| ■ No                            |   |                         |                              |                              |   |
| ☐ Yes. I                        | Name of person                                    | <del></del>             |                              |                              | Petition Preparer's Notice,<br>mature (Official Form 119) |
|                                 | alty of perjury, I declare<br>e true/and correct. | that I have read the su | mmary and schedules file     | ed with this declaration and |   |
| X Christ                        | ine Deanne Dougher                                | ty                      | X<br>Signature of            | Debtor 2                     |   |
| <b>∵</b> signatu                | re of Debtor 1                                    |                         |                              |                              |   |
| Date                            | 3/15/18   |                         | Date                         | · ·- ·                       |   |

| FIII    | n this inform                                  | ation to identify you                        | r case:   |   |   |   |
|---------|--|--|---|---|---|---|
| Deb     |  | Christine Deann                              |   |   |   |   |
|         |  | First Name                                   | Middle Name   | Last Name   |   |   |
| Debi    | tor 2<br>use if, filing)                       | First Name                                   | Middle Name   | Last Name   |   |   |
| Unite   | ed States Ban                                  | kruptcy Court for the:                       | NORTHERN DISTRICT (   | OF ILLINOIS   |   |   |
|         |  |  |   |   |   |   |
| (if kno | e number                                       |  |   |   |   | Check if this is an amended filing                    |
| Sta     | s complete a                                   | of Financial                                 |   | re filing together, both are                          | equally responsible for sup                                   |   |
|         |  | ore space is needed,<br>). Answer every ques |   | this form. On the top of any                          | additional pages, write yo                                    | ur name and case                                      |
| Part    | Give D   | etails About Your Ma                         | rital Status and Where You  | Lived Before  |   |   |
| 1.      | What is your                                   | current marital statu                        | ıs?   |   |   |   |
|         | <ul><li>□ Married</li><li>■ Not marr</li></ul> | ied  |   |   |   |   |
| 2.      | During the la                                  | st 3 years, have you                         | lived anywhere other than   | where you live now?                                   |   |   |
|         | ■ No<br>□ Yes. List                            | all of the places you li                     | ived in the last 3 years. Do no   | ot include where you live now                         | :   |   |
|         | Debtor 1 Pri                                   | or Address:                                  | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2 lived there                            |
|         |  |  |   |   | ity property state or territor<br>co, Texas, Washington and V |   |
|         | ■ No<br>□ Yes. Mal                             | ke sure you fill out <i>Sch</i>              | nedule H: Your Codebtors (O   | fficial Form 106H).                                   |   |   |
| Part    | 2 Explain                                      | n the Sources of You                         | r Income  |   |   |   |
|         | Fill in the total                              | amount of income yo                          | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |   | ndar years?   |
|         | □ No   | South and a to No.                           |   |   |   |   |
|         | Yes. Fill                                      | in the details.                              |   |   |   |   |
|         |  |  | Debtor 1  |   | Debtor 2  |   |
|         |  |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                    | Gross income<br>(before deductions<br>and exclusions) |
|         |  | of current year until<br>I for bankruptcy:   | ■ Wages, commissions, bonuses, tips   | \$6,198.78  | ☐ Wages, commissions, bonuses, tips                           |   |
|         |  |  | ☐ Operating a business  |   | ☐ Operating a business  |   |

Official Form 107

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Debtor 1 Christine Deanne Dougherty

|      |                           |                         |  | Debtor 1   |   |  | Debtor 2                                     |                    |   |
|------|---------------------------|-------------------------|--|--|---|--|--|--------------------|---|
|      |                           |                         |  | Sources of income<br>Check all that apply.   | (befo                                     | ss income<br>ore deductions and<br>usions)                             | Sources of inc<br>Check all that a           |                    | Gross income<br>(before deductions<br>and exclusions) |
|      |                           | dar year:<br>December   | 31, 2017 )   | ■ Wages, commissions, bonuses, tips  |   | \$36,969.74  | ☐ Wages, combonuses, tips                    | missions,          |   |
|      |                           |                         |  | ☐ Operating a business   |   |  | ☐ Operating a                                | business           |   |
|      |                           | dar year be<br>December |  | ■ Wages, commissions, bonuses, tips  |   | \$30,201.58  | ☐ Wages, com<br>bonuses, tips                | missions,          |   |
|      |                           |                         |  | ☐ Operating a business   |   |  | ☐ Operating a                                | business           |   |
|      | the calen<br>uary 1 to    | dar year:<br>December   | 31, 2015 )   | ■ Wages, commissions, bonuses, tips  |   | \$28,543.06  | ☐ Wages, com<br>bonuses, tips                | missions,          |   |
|      |                           |                         |  | ☐ Operating a business   |   |  | ☐ Operating a                                | business           |   |
|      | ■ No                      | source and t            |  | ome from each source separat   | tely. Do                                  | o not include income t   | nat you listed in lin                        | e 4.               |   |
|      |                           |                         |  | Dahtan 4   |   |  | Dahtar 0                                     |                    |   |
|      |                           |                         |  | Debtor 1 Sources of income Describe below.   | eacl<br>(befo                             | ss income from<br>h source<br>ore deductions and<br>usions)            | Debtor 2<br>Sources of inc<br>Describe below |                    | Gross income<br>(before deductions<br>and exclusions) |
| Part | 3: Lis                    | t Certain Pa            | yments You   | Made Before You Filed for I  | Bankru                                    | iptcy  |  |                    |   |
|      | <b>Are eithe</b><br>□ No. | Neither De individual p | ebtor 1 nor I<br>orimarily for a<br>90 days befo<br>Go to line 7<br>List below | c's debts primarily consumer Debtor 2 has primarily consumer personal, family, or household pre you filed for bankruptcy, did 7.  Deach creditor to whom you paid teditor. Do not include paymen | imer de<br>d purpo<br>d you p<br>d a tota | ebts. Consumer debtose."  ay any creditor a total  of \$6,425* or more | I of \$6,425* or mo                          | e?<br>ments and th | ne total amount you                                   |
|      |                           | * Subject               | not include  | payments to an attorney for the ton 4/01/19 and every 3 years  | nis banl                                  | kruptcy case.  | ,  |                    | ,   |
|      | ■ Yes.                    |                         |  | or both have primarily consure you filed for bankruptcy, did   |   |  | I of \$600 or more?                          |                    |   |
|      |                           | □ No.                   | Go to line 7   | 7.   |   |  |  |                    |   |
|      |                           | ■ Yes                   | include pay  | each creditor to whom you paid<br>rments for domestic support of<br>r this bankruptcy case.  |   |  |  |                    |   |
|      | Creditor                  | 's Name and             | d Address  | Dates of payme   | nt  | Total amount paid  | Amount you still owe                         | Was this p         | ayment for  |

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Debtor 1 Christine Deanne Dougherty

|     | Creditor's Name and Address  | Dates of payment  | Total amount paid                       | Amount you still owe | Was this pay  | ment for                                     |
|-----|--|---|---|----------------------|---|--|
|     | The Huntinngton Bank<br>PO Box 182519<br>Columbus, OH 43218-2519   | Monthly   | \$844.74                                | \$6,999.00           | ☐ Mortgage ■ Car ☐ Credit Car ☐ Loan Repair ☐ Suppliers ☐ Other | ayment                                       |
| 7.  | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen<br>a control, or owner of 20% o | eral partners; partners of their voting | erships of which you | ou are a general<br>ny managing ag                              | partner; corporations ent, including one for |
|     | No   |   |   |                      |   |  |
|     | Yes. List all payments to an insider.  |   |   |                      | _   |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                       | Amount you still owe | Reason for t  | his payment                                  |
| 8.  | Within 1 year before you filed for bankrupt  | cy, did you make any pay                                      | ments or transfer a                     | iny property on a    | ccount of a del   | ot that benefited an                         |
|     | insider? Include payments on debts guaranteed or cos   | signed by an insider.   |   |                      |   |  |
|     | _  | ,   |   |                      |   |  |
|     | No   |   |   |                      |   |  |
|     | Yes. List all payments to an insider   | Data a furancia   | T-1-11                                  | <b></b>              | D ( (   |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                       | Amount you still owe | Reason for t<br>Include credit                                  |  |
| Par | t 4: Identify Legal Actions, Repossession  | ns. and Foreclosures  |   |                      |   |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                     |   |   |                      |   |  |
|     | Case title Case number   | Nature of the case  | Court or agency                         |                      | Status of the   | case   |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address                   | cy, was any of your prope w.  Describe the Property           | erty repossessed, f                     | oreclosed, garnis    | shed, attached,   | seized, or levied?                           |
|     | orealtor Name and Address  | Explain what happened   | I                                       | Date                 |   | property                                     |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed  No  Yes. Fill in the details.  |   | luding a bank or fir                    | nancial institutior  | ı, set off any ar   | nounts from your                             |
|     | Creditor Name and Address  | Describe the action the                                       | creditor took                           | Date<br>taker        | action was  | Amount                                       |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes  |   | erty in the possess                     |                      |   | it of creditors, a                           |

Debtor 1 Christine Deanne Dougherty

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| Pa  | rt 5: List Certain Gifts and Contributions   |  |   |                           |  |  |  |  |  |
|-----|--|--|---|---------------------------|--|--|--|--|--|
| 13. | <ul> <li>Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?</li> <li>No</li> <li>Yes. Fill in the details for each gift.</li> </ul>  |  |   |                           |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave the gifts                | Value                     |  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |  |   |                           |  |  |  |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No  □ Yes. Fill in the details for each gift or contribution.   |  |   |                           |  |  |  |  |  |
|     | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   |  | Dates you contributed                   | Value                     |  |  |  |  |  |
| Pa  | rt 6: List Certain Losses  |  |   |                           |  |  |  |  |  |
| 15. | or gambling?   | cy or since you filed for bankruptcy, did you lose any   | thing because of the                    | it, fire, other disaster, |  |  |  |  |  |
|     | Yes. Fill in the details.  | A  | Data afarana                            | Value of managements      |  |  |  |  |  |
|     | how the loss occurred  | Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your<br>loss                    | Value of property lost    |  |  |  |  |  |
| Pa  | rt 7: List Certain Payments or Transfers   |  |   |                           |  |  |  |  |  |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |  |   |                           |  |  |  |  |  |
|     | □ No ■ Yes. Fill in the details.   |  |   |                           |  |  |  |  |  |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You   | Description and value of any property transferred  | Date payment or transfer was made       | Amount of payment         |  |  |  |  |  |
|     | Bernard J. Natale, Ltd<br>Edgebrook Office Center<br>1639 N. Alpine Road, Suite 401<br>Rockford, IL 61107<br>natalelaw@bjnatalelaw.com   | Attorney Fees & Costs  | 03/2018                                 | \$1,085.00                |  |  |  |  |  |
| 17. |  | cy, did you or anyone else acting on your behalf pay or sor to make payments to your creditors? ou listed on line 16.  | or transfer any prope                   | rty to anyone who         |  |  |  |  |  |
|     | ■ No   |  |   |                           |  |  |  |  |  |
|     | Yes. Fill in the details.  | Description and sol  | Datama                                  |                           |  |  |  |  |  |
|     | Person Who Was Paid<br>Address   | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment         |  |  |  |  |  |

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Debtor 1 Christine Deanne Dougherty

| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already line.  No Yes. Fill in the details. | iness or financial affa<br>e as security (such as the                     | irs?<br>he granting of a |              |   |   |  |  |  |  |
|-----|--|---|--------------------------|--------------|---|---|--|--|--|--|
|     | Person Who Received Transfer<br>Address  | Description and va<br>property transferr                                  |                          | payme        | be any property or<br>nts received or debts<br>exchange       | Date transfer was made                        |  |  |  |  |
|     | Person's relationship to you   |   |                          |              |   |   |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection No  ☐ Yes. Fill in the details.  |   | y property to a          | self-settled | l trust or similar device o                                   | f which you are a                             |  |  |  |  |
|     | Name of trust  | Description and v   | alue of the pro          | nerty trans  | ferred  | Date Transfer was                             |  |  |  |  |
|     | Name of trust Description and value of the property transferred  |   |                          |              |   |   |  |  |  |  |
| Par | t 8: List of Certain Financial Accounts, Instru  | uments, Safe Deposit  | Boxes, and Sto           | orage Units  | <b>3</b>  |   |  |  |  |  |
|     | <u> </u>   |   | •                        | •            |   |   |  |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or continuous transferred.  | other financial accoun  | nts; certificates        | of deposit   |   | , ,   |  |  |  |  |
|     | houses, pension funds, cooperatives, associations, and other financial institutions.  No   |   |                          |              |   |   |  |  |  |  |
|     | Yes. Fill in the details.  |   |                          |              |   |   |  |  |  |  |
|     |  | ast 4 digits of ccount number   | · ,,                     |              | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?   |   |                          |              |   |   |  |  |  |  |
|     | ■ No   |   |                          |              |   |   |  |  |  |  |
|     | ☐ Yes. Fill in the details.  |   |                          |              |   |   |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had accommodates (Number, State and ZIP Code)                    |                          | Describe t   | he contents   | Do you still have it?                         |  |  |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |   |                          |              |   |   |  |  |  |  |
|     | □ No   |   |                          |              |   |   |  |  |  |  |
|     | Yes. Fill in the details.  |   |                          |              |   |   |  |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                          | Describe t   | he contents   | Do you still have it?                         |  |  |  |  |
|     | Cube Smart   | Debtor  |                          | Househo      | ld goods  | ■ No  |  |  |  |  |
|     | 3015 N Main St<br>Rockford, IL 61103   |   |                          |              |   | ☐ Yes   |  |  |  |  |
| Par | t 9: Identify Property You Hold or Control for   | r Someone Else  |                          |              |   |   |  |  |  |  |
| 23. |  |   | ide any propert          | y you borr   | owed from, are storing fo                                     | or, or hold in trust                          |  |  |  |  |
|     | ■ No   |   |                          |              |   |   |  |  |  |  |
|     | Yes. Fill in the details.  |   |                          | _            |   |   |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, St<br>Code)                   |                          | Describe t   | he property   | Value   |  |  |  |  |

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Debtor 1 Christine Deanne Dougherty

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

|     |   | emeans any location, facility, or propert<br>own, operate, or utilize it, including disp                      | ty as defined under any environmental la<br>osal sites.                    | ₃w, whether you now own, op       | erate, or utilize it or used |  |  |  |  |  |
|-----|---|---|--|-----------------------------------|------------------------------|--|--|--|--|--|
|     |   | <i>rardous material</i> means anything an env<br>ardous material, pollutant, contaminant                      | vironmental law defines as a hazardous<br>t, or similar term.              | waste, hazardous substance,       | toxic substance,             |  |  |  |  |  |
| Rep | ort a   | II notices, releases, and proceedings th  | nat you know about, regardless of when                                     | they occurred.                    |                              |  |  |  |  |  |
| 24. | Has   | any governmental unit notified you tha  | at you may be liable or potentially liable                                 | under or in violation of an env   | vironmental law?             |  |  |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |  |                                   |                              |  |  |  |  |  |
|     |   | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it | Date of notice               |  |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |   |  |                                   |                              |  |  |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |  |                                   |                              |  |  |  |  |  |
|     |   | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it | Date of notice               |  |  |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. |   |  |                                   |                              |  |  |  |  |  |
|     |   | No  |  |                                   |                              |  |  |  |  |  |
|     |   | Yes. Fill in the details.   |  |                                   |                              |  |  |  |  |  |
|     |   | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                | Status of the case           |  |  |  |  |  |
| Pai | rt 11:  | Give Details About Your Business or   | Connections to Any Business  |                                   |                              |  |  |  |  |  |
| 27. | Witl  | hin 4 years before you filed for bankrup  | tcy, did you own a business or have any                                    | y of the following connections    | s to any business?           |  |  |  |  |  |
|     |   | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |  |                                   |                              |  |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |  |                                   |                              |  |  |  |  |  |
|     | ☐ A partner in a partnership  |   |  |                                   |                              |  |  |  |  |  |
|     |   | ☐ An officer, director, or managing ex  | ecutive of a corporation   |                                   |                              |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |  |                                   |                              |  |  |  |  |  |
|     |   | No. None of the above applies. Go to  | Part 12.   |                                   |                              |  |  |  |  |  |
|     |   | Yes. Check all that apply above and fil   | I in the details below for each business.                                  |                                   |                              |  |  |  |  |  |
|     |   | siness Name   | Describe the nature of the business  | Employer Identification           |                              |  |  |  |  |  |
|     |   | dress<br>mber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   | Do not include Social Se          | ecurity number or ITIN.      |  |  |  |  |  |
|     |   |   |  |                                   |                              |  |  |  |  |  |

Page 36 of 46 Case number (if known) Document Debtor 1 Christine Deanne Dougherty 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Date Issued Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bapkrup@cy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.E. §§ 1/52, 13/41, 1519 and 3571. Signature of Debtor 2 Christine Deanne Dougl Signature of Debtor 1 315/18 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform                  | mation to identify your                         |                       |  |   |
|--------------------------------------|---|-----------------------|--|---|
|                                      |   |                       |  |   |
| Debtor 1                             | Christine Deanne                                | Middle Name           | Last Name  |   |
| Debtor 2                             |   |                       |  |   |
| (Spouse if, filing)                  | First Name                                      | Middle Name           | Last Name  |   |
| United States Ba                     | ankruptcy Court for the:                        | NORTHERN DIS          | TRICT OF ILLINOIS  |   |
| Case number                          |   |                       |  |   |
| (if known)                           |   |                       |  | ☐ Check if this is an                   |
|                                      |   |                       |  | amended filing                          |
|                                      |   |                       |  |   |
| Official Fo                          | rm 108  |                       |  |   |
|                                      |   | n for Indiv           | iduals Filing Under Chapt  | or 7                                    |
| Statemen                             | it of filteritio                                | ii ioi iiidi          | riduals I lillig Officer Chapt   | <b>IEF /</b> 12/15                      |
| If you are an ind                    | ividual filing under cha                        | pter 7. vou must fil  | Il out this form if:   |   |
|                                      | e claims secured by yo                          | . ,,                  |  |   |
| _                                    | sed personal property a                         |                       | ot expired.  |   |
| You must file thi                    | is form with the court w                        | ithin 30 days after   | you file your bankruptcy petition or by the date   | set for the meeting of creditors,       |
| whiche<br>on the                     | •   | ne court extends th   | e time for cause. You must also send copies to t   | he creditors and lessors you list       |
|                                      |   |                       |  |   |
|                                      | eople are filing togethe<br>nd date the form.   | r in a joint case, bo | oth are equally responsible for supplying correct  | information. Both debtors must          |
| •                                    |   |                       | and the standard and the standard stand | and the term of annual different annual |
|                                      | and accurate as possib<br>our name and case nur |                       | s needed, attach a separate sheet to this form. O  | n the top of any additional pages,      |
|                                      |   | ,                     |  |   |
| Part 1: List Y                       | our Creditors Who Hav                           | e Secured Claims      |  |   |
| 1. For any credit                    | ors that you listed in Pa                       | art 1 of Schedule D   | : Creditors Who Have Claims Secured by Proper  | ty (Official Form 106D), fill in the    |
| information be                       | elow.<br>editor and the property t              | hat is collateral     | What do you intend to do with the property the   | at Did you claim the property           |
| identity the cr                      | editor and the property t                       | nat is conateral      | secures a debt?  | as exempt on Schedule C?                |
|                                      |   |                       |  |   |
| Creditor's 7                         | The Huntington Bank                             | -                     | Common don the manner of   | □No                                     |
| name:                                | ne numington bank                               |                       | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No                                    |
|                                      |   |                       | Retain the property and enter into a   | ■ Yes                                   |
| Description of                       | 2011 Jeep Patriot                               | 80,000 miles          | Reaffirmation Agreement.   |   |
| property                             |   |                       | ☐ Retain the property and [explain]:   |   |
| securing debt:                       |   |                       |  |   |
| Part 2: List Y                       | our Unexpired Persona                           | I Property Leases     |  |   |
| For any unexpire                     | ed personal property le                         | ase that you listed   | in Schedule G: Executory Contracts and Unexpi  |   |
|                                      |   |                       | expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p  |   |
|                                      |   |                       |  | N-7-                                    |
| Describe your u                      | unexpired personal pro                          | perty leases          |  | Will the lease be assumed?              |
| Lessor's name:                       |   |                       |  | □ No                                    |
| Description of lea                   | ased  |                       |  | L 110                                   |
| Property:                            |   |                       |  | ☐ Yes                                   |
| Logorio nome:                        |   |                       |  | П.,                                     |
| Lessor's name:<br>Description of lea | ased  |                       |  | □ No                                    |
| Property:                            |   |                       |  | ☐ Yes                                   |
|                                      |   |                       |  |   |
| Lessor's name:                       |   |                       |  | □ No                                    |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1                                       | Christine Deanne Dougherty   | Case number (if known)   |
|--|--|--|
| Descripti<br>Property:                         | on of leased   | ☐ Yes  |
| Lessors  |  | □ No   |
| Property:                                      | on of leased   | ☐ Yes  |
| Lessor's name: Description of leased Property: |  | □ No   |
|  |  | ☐ Yes  |
| Lessor's name: Description of leased           |  | □ No   |
| Property:                                      |  | ☐ Yes  |
| Lessor's name: Description of leased           |  | □ No   |
| Property:                                      |  | ☐ Yes  |
| Part 3:  | Sign Below   |  |
| Inder pe                                       | nalty of perjury, I declare that I have indicated my<br>that is sybject to an upexpired lease. | intention about any property of my estate that secures a debt and any personal |
| X /  | ristine Deanne Dougherty nature of Debtor 1  | X Signature of Debtor 2  |
| Date   | 3/15/18  | Date   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

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# United States Bankruptcy Court Northern District of Illinois

| In re       | Christine Deanne Dougherty   |  | Case No.                                    | <u> </u>                 |             |
|-------------|--|--|---|--------------------------|-------------|
|             |  | Debtor(s)  | Chapter                                     | 7                        | <del></del> |
|             | DISCLOSURE OF COMPE  | NSATION OF ATTO  | RNEY FOR DE                                 | BTOR(S)                  |             |
| С           | cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filir e rendered on behalf of the debtor(s) in contemplation of   | ng of the petition in bankruptcy                                   | , or agreed to be paid                      | o me, for services rende | ered or to  |
|             | For legal services, I have agreed to accept  |  | \$  | 750.00                   |             |
|             | Prior to the filing of this statement I have received  |  | \$  | 750.00                   |             |
|             | Balance Due  |  | <b>\$</b>                                   | 0.00                     |             |
| 2. \$       | 335.00 of the filing fee has been paid.  |  |   |                          |             |
| 3. 1        | The source of the compensation paid to me was:   |  |   |                          |             |
|             | ■ Debtor □ Other (specify):  |  |   |                          |             |
| 4. T        | he source of compensation to be paid to me is:   |  |   |                          |             |
|             | ■ Debtor □ Other (specify):  |  |   |                          |             |
| 5. <b>i</b> | I have not agreed to share the above-disclosed comp  | pensation with any other person                                    | unless they are memb                        | ers and associates of m  | y law firm. |
| I           | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the same copy of the agreement.  |  |   |                          | firm. A     |
| 6. I        | n return for the above-disclosed fee, I have agreed to re  | ender legal service for all aspec                                  | ts of the bankruptcy ca                     | ase, including:          |             |
| b<br>c<br>d | <ul> <li>Analysis of the debtor's financial situation, and rende</li> <li>Preparation and filing of any petition, schedules, stat</li> <li>Representation of the debtor at the meeting of credite</li> <li>Representation of the debtor in adversary proceeding</li> <li>[Other provisions as needed]</li> </ul> | ement of affairs and plan which<br>ors and confirmation hearing, a | h may be required;<br>nd any adjourned hear |                          | otcy;       |
| 7. E        | By agreement with the debtor(s), the above-disclosed fe  | e does not include the followin                                    | g service:                                  |                          |             |
|             |  | CERTIFICATION  |   |                          |             |
|             | certify that the foregoing is a complete statement of an inkruptcy proceeding.   | y agreement or arrangement fo                                      | r payment to me for re                      | presentation of the deb  | tor(s) in   |
|             |  | Boo  | M   |                          |             |
| Do          | 3/15/18  | Bernard J. Natal   | e 2018683 Illinois                          |                          |             |
|             |  | Signature of Attorn  |   |                          |             |
|             |  | Bernard J. Natal<br>Edgebrook Offic                                |   |                          |             |
|             |  | 1639 N. Alpine R   | oad, Suite 401                              |                          |             |
|             |  | Rockford, IL 611   |   |                          |             |
|             |  | (815) 964-4700  i<br>natalelaw@bjnat                               | Fax: (815) 316-4646<br>talelaw.com          |                          |             |
|             |  | Name of law firm   |   |                          | ~ *         |

### **Chapter 7 Bankruptcy Fee Agreement**

Federal law requires the execution of a written agreement between attorney and client for Bankruptcy representation. Signing this agreement shall engage the services of *Bernard J. Natale*, *Ltd.*, hereinafter "Attorney" for Bankruptcy representation pursuant to Title 11, United States Code.

Whereas, CHRISTINE D. DOUGHERTY desires to engage the services of Attorney to represent client's interest in connection with Bankruptcy Proceedings, to be filed within four (4) months of this Agreement, Attorney and client do hereby agree:

- 1. Client shall pay to Attorney for the services described below in paragraph 2, the base fee of \$\frac{\$750.00}{} plus costs of \$\frac{\$335.00}{}, prior to case filing.
- 2. The Attorney base fee shall include services rendered pre-petition as follows: Attorney shall interview client, analyze, prepare and file a Chapter 7 Bankruptcy Petition and appear at the first meeting of creditors held pursuant to 11 U.S.C. 341. Attorney shall further review and advise with respect to reaffirmation agreements. Whether or not a Chapter 7 bankruptcy petition is filed, all fees paid are not refundable.
- 3. Mafter the filing of a Chapter 7 Bankruptcy Petition, as contemplated herein, any other services provided by Attorney deemed necessary and incidental to the bankruptcy proceeding shall be considered post-petition services not contemplated by the fee agreed to in paragraph 1. The base fee does not include preparation of amendments to Bankruptcy Schedules, including, but not limited to, amended schedules to add creditors not listed in the original petition. These services will be billed at Attorney's hourly rate of \$350.00, plus cost of Court filing fees.
- 4. The base fee does not include representation in any post-petition services which may occur, including, but not limited to, court appearances for dischargeability issues, judicial lien avoidances, relief from stay actions, or any adversary proceedings. These services will be billed at Attorney's hourly rate plus cost of Court filing fees, client will be billed and, by signature below, agrees to pay, post-petition.
- 5. The failure of client to pay for post-petition services when the same become due and payable, as set forth above, shall constitute cause for Attorney to withdraw as attorney of record and cease all further services to client. Any withdrawal as attorney for client shall not be deemed a waiver of fees due and payable. Client agrees to pay all reasonable costs of collection of any unpaid fees and costs, including reasonable attorney fees incurred in collection.
- 6. By executing this agreement, client agrees that she has had an opportunity to discuss the agreement with **Attorney**, has asked any questions that have arisen, and has received understandable explanations for the questions, and is fully aware of the information contained herein.
- 7. If the Debtor is any entity other than individuals, those individuals signing this contract on behalf of Debtor as client, does hereby personally guarantee payment of fees.

CHRISTINIE D DOLGHERTY

BERNARD J. NATALE, LTD.

Bv:

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### United States Bankruptcy Court Northern District of Illinois

|       |  | Morthern District of Initiols                  |                     |                                 |
|-------|--|--|---------------------|---------------------------------|
| In re | Christine Deanne Dougherty                   | Debtor(s)                                      | Case No.<br>Chapter | 7                               |
|       | VER  | LIFICATION OF CREDITOR MA                      | TRIX                |                                 |
|       |  | Number of C                                    | reditors:           | 8                               |
|       | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of creditor      | rs is true and      | correct to the best of my       |
| Date: | 3/15/18                                      | Christine Deanne Dougherty Signature of Debtor |                     | · · · · · · · · · · · · · · · · |

ComenityBank/Victorias Secret Bankruptcy Dept PO Box 182125 Columbus, OH 43218-2125

Kohls PO Box 3043 Milwaukee, WI 53201-3043

Macy's Bankruptcy Processing PO Box 8053 Mason, OH 45040

Synchrony Bank/Old Navy Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5061

The Huntington Bank PO Box 182519 Columbus, OH 43218-2519

US Bank PO Box 1800 Saint Paul, MN 55101-0800

US Bank PO Box 790408 Saint Louis, MO 63179-0408

US Bank Cardmember Services PO Box 6353 Fargo, ND 58125-6353